

President's Message

Professional Drive

Last edition's president's column, authored by President-elect Pete Kaluszyk, compared the AAAA of the past to the organization it is today. To build on his "not your father's Oldsmobile" analogy, it's worth considering what it means to have a vehicle with such expanded potential, and how that reflects on the AAAA of the present.

For reasons that can rightfully be summarized as "that's just what it took to get where we are now," the leadership of the profession has not always been predominantly with the AAAA. But ready or not, that's where it is now. The AA practitioners, collectively organized into the AAAA, are in the driver's seat. As anyone who has taught someone to drive can attest, it's a much more complicated prospect than just climbing in and buckling up. Knowledge of the vehicle, maintenance, planning, navigation, economy, reading the road and traffic conditions all must be mastered to make it all come together, to provide reliable transport to a desired destination.

The responsibility is in our hands more than ever before. The fact that this is occurring at a time of exponential growth in programs and AA practitioners makes the challenge greater, and the need to rise to the occasion more important than ever.

The goals of educating more AAs, of promoting the AA model for the provision of anesthesia care, cannot be achieved passively. No aspect of AA education or practice can be allowed to evolve unattended, because changes that just happen are rarely the ideal, too often resulting in erosion to the point of crisis. Just as we learn that that strategy doesn't work for patients, neither does it work for professions. We learn to manage patients around pitfalls, just as we must manage the profession.

The best school for those lessons is the AAAA. We are all students in this, and anyone who knows more than you do about what it takes to keep it on track has just been showing up on lesson day more than you have. Together we can not only keep our profession on track, we can map out the course that reaches the best this profession has to offer, and take the appropriate degree of pride that accompanies such an accomplishment.

But it takes skills of many types, and the most important resource of all, the participation of practicing AAs. The areas that need our support are numerous: accreditation, certification, program faculty, clinical instruction, and, of course, the organization to provide those resources: the AAAA.

The keys are in our hands, ready or not. Ready will be so much better, all the more attainable as more AAs step up and join the team.



Deborah Lawson, AA-C
AAAA President

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The Anesthesia Record

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The Editor's Column

Big Hopes, Small Numbers

This September, the Texas Society of Anesthesiologists has generously offered to invite AA's to its annual meeting at the Lost Pines Resort. This is a tremendous opportunity for the AAs in Texas, and we are excited to forge ahead here in this big state that currently has only a small number of AAs practicing. Even though there is only a small amount of AAs in Texas, we feel that it is finally time to come together and achieve our goals.

One of our main goals during this meeting is to create a Texas chapter of the AAAA. Forming a successful TAAA is the first of many steps to having regular and productive communications with the TSA. We are really honored to be thought of by the TSA in this regard and look forward to working with them in the future. Forming the TAAA is new and unfamiliar territory for all of us, but we are committed to starting this organization. The ultimate goal is to organize ourselves and achieve legislature here in this state. This would be the most rewarding outcome and one on which we are really focused.

So wish us luck here in Texas, and please feel free to give us advice on our journey to form the TAAA and pass legislation.



Tiffany Lewis-Roberts, AA-C

PHOTOS WANTED!



AAAA is in need of photos of working AAs to be used on various materials, such as postcards, flyers, etc., that promote the Academy.

Want to help?

Please e-mail photos of working AAs you'd like to contribute to ray@societyhq.com. Be sure to give your contact info so we can properly credit you for use of your photograph.

Thanks for helping promote AAAA!

PHOTOGRAPHY TIPS FROM THE PROS:

For the best photo reproduction, use your digital camera's highest quality or "fine" setting.

Attention AAAA Members!

Please be sure to contact AAAA headquarters at aaaa@societyhq.com to update your mailing and email addresses if your information has changed.

AAAA NAC Report: State and National AA Issues

By **Ellen Allinger, AA-C**
Chairman, National Affairs Committee

With most state legislatures' sessions completed for the year, and Congress having summer recesses, the report of AA affairs is considerably smaller than in the last newsletter. There are, however, some noteworthy advances for the AA profession to report.

STATE ISSUES

Oklahoma

On Monday, May 12, 2008, Governor Henry of Oklahoma signed SB 1577 into law, codifying anesthesiologist assistants as licensed practitioners of anesthesia within the state. This occurred after Governor Henry personally listened to arguments from both supporters and opponents of the bill. Dr. Matthew Norcia, medical director for the Case Western Reserve University AA program, traveled to Oklahoma City to speak directly to the concerns of AA education. With his experience in training anesthesiology residents, nurse anesthetists, and now AAs, his testimony to Governor Henry was invaluable in dispelling any misinformation given to the governor concerning the level and quality of AA training and education. This testimony allowed Governor Henry to sign the bill with confidence that AAs would deliver quality and safe anesthesia to the residents of Oklahoma.

The Oklahoma Board of Medical Licensure and Supervision is currently working on rules of AA practice. Once adopted, the medical board will finalize the AA application for licensure. The AA application is expected to be available at the beginning of 2009.

NATIONAL ISSUES

Congressional Bills

H.R. 6331 – Medicare Improvements for Patients and Providers Act of 2008

Both chambers of Congress voted on July 15 to override President Bush's veto of H.R. 6331. This healthcare bill, which reversed Medicare payment cuts of 10.6% that took effect on July 1, was of particular importance to the field of anesthesiology. Contained in H.R. 6331 was language that permanently restores full Medicare funding to anesthesiology resident teaching programs beginning in 2010.

Anesthesia residency programs were hamstrung in 1994 when the Centers for Medicare & Medicaid Services (known then as the Health Care Financing Administration) enacted a rule change to reduce by 50% the Medicare reimbursement for cases where a teaching anesthesiologist concurrently supervised two residents. This caused severe reductions in funding for anesthesiology residency programs throughout the country, with some programs losing in excess of \$1 million annually. This reduction in funding has caused programs to struggle to fill vacant faculty positions and to advance medical research. Reinstating this funding will potentially provide \$30 to \$40 million annually in crucial Medicare funds to anesthesiology residency programs.

Other Bills

H.R. 1866, the Medicare Access to Rural Anesthesiology Act of 2007 or the "Rural Pass-Through" Bill, is currently sitting in the House Subcommittee on Health, where it is has been since April of 2007.

The Healthcare Truth and Transparency Act of 2007, H.R. 2260, seeks to prohibit misleading and deceptive advertising or representation in the provision of healthcare services, and to require the identification of the license of certain healthcare providers. This bill was referred to the House Subcommittee on Health in May of 2007 and is still in that subcommittee.

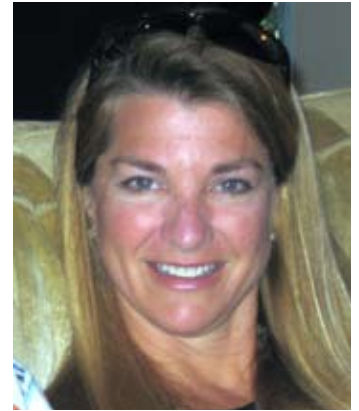
The National Pain Care Policy Act of 2007 (H.R. 2994), if passed, would amend the Public Health Service Act with respect to pain care. Introduced in Congress in July of 2007, this act, too, was referred to the House Subcommittee on Health in the same month where it remains to this day.

Because so little legislative activity has occurred with these three Congressional bills since they were introduced and subsequently referred to the House Subcommittee on Health, it is not anticipated that these bills will move forward prior to the end of the 110 Congressional 2nd Session.

Revision of Standard Occupational Classification

The federal government's Office of Management and Budget (OMB) is currently revising its Standard Occupational Classification (SOC) for 2010. According to its description on the Bureau of Labor Statistics website (www.bls.gov/SOC/), the SOC system is "used by Federal statistical agencies to classify workers into occupational categories for the purpose

Continued on page 4



Ellen Allinger, AA-C



AAAA members attended the ASA Legislative Conference in Washington, DC on June 9–11.

NAC Report, from page 3

of collecting, calculating, or disseminating information. All workers are classified into one of over 820 occupations according to their occupational definition." The federal government and its various agencies are required to use the SOC and do so extensively for manpower and other studies. State and local governments are encouraged to use the SOC.

However, the anesthesiologist assistant is currently not listed in the SOC. Comment was submitted by the AAAA requesting the inclusion of the anesthesiologist assistant profession in the SOC. To view the comment, go online to <http://www.regulations.gov>. Enter OMB-2208-0010-0042 in the space under "Search". When the next web page is brought up, click on the paper icon next to "View this Document". It is not defined on the Regulations.gov website the next steps to take in revising the SOC, but this process will be closely followed to be sure that the AA profession does not miss an opportunity to be included in the SOC's 2010 revision.

INTERNATIONAL ISSUES

Response to the Canadian Nurse Journal Article

In early May, AAAA president Deb Lawson sent a letter to the editor of the Canadian Nurse journal in response to misinformation and misconceptions about the AA profession contained within an article on CRNAs. Following is a reprint of that letter:

To the Editor,

As President of the American Academy of Anesthesiologist Assistants, I would like to alert your readers to the gross misrepresentation of the anesthesiologist assistant (AA) profession in your March 2008 article, "A Closer Look at the 'Supervision' and 'Direction' of Certified Registered Nurse Anesthetists."

The article erroneously describes the AA as "an unregulated worker," but all AA practice is regulated by the same state Boards of Medicine that regulate physician practice. Anesthesiologists who supervise AAs are licensed by those very same Boards and not

"credentialed by the payer," "payers" having no regulatory role in the United States.

The article dismisses AA education as a "post-baccalaureate course." Every AA graduates with a Master's degree with no less than 24 months of rigorous didactic and clinical training, and a recent impartial study by our Kentucky Legislature concluded that AA and nurse anesthetist (NA) education were equally efficacious. AAs have an impeccable safety record over their 37 years of professional practice, and the claim of equivalency to NAs is validated by identical salaries, reimbursement dollars, and malpractice insurance premiums. AAs work under the direction of an anesthesiologist not because they have to but rather because they choose to.

Like Canada, the United States needs more anesthesia providers. Instead of drawing from an already undersupplied pool of critical care nurses, the AA profession draws from a pool of college graduates with pre-medical education. Canadians dealing with shortages may benefit from the US approach and will make better decisions if they possess correct information.

Deborah A. Lawson, AA-C

President

American Academy of Anesthesiologist Assistants

To date, we have not been informed that this letter was printed in the Canadian Nurse journal. Truthful advocacy of the AA profession is not limited to the realm of the National Affairs Committee, the Board, or the leadership of the AAAA. It is the responsibility of each AA and AA student to learn as much as they can concerning the AA profession so that when one hears false information being propagated about the AA profession, he or she can speak quickly and knowledgeably to the truth.

CWRU Attends NAAHP National Meeting

Sarah Russell, AA-C

Chairman, Communications Committee

Thank you to the Case Western Reserve University MSA program for representing the AAAA at the 18th annual National Association for Advisors for the Health Professions (NAAHP) National Meeting in Chicago, June 25–29. NAAHP is an organization of over 1,300 health professions advisors at colleges and universities throughout the United States, as well as representatives from professional schools and associations. The NAAHP was established to facilitate communication among four separate regional associations and has become a forum for news from a wide variety of health professions. According to the mission statement of the NAAHP, this association "assists advisors in fostering the intellectual, personal and humanistic development of students who are preparing for careers in the health professions."

Jennifer Puin, Education Manager, and Laura Bishop, Education Coordinator staffed a booth for the Case program with the goal of educating these advisors about the Case program and about our profession in general so that these advisors could take this information to their respective students. Many of these advisors were clearly unfamiliar with our profession. CWRU did an excellent job educating advisors about AAs, so that we could begin to establish a presence within this organization and among health professions advisors across the country. Jennifer and Laura found a strong interest and curiosity in our profession by many of these advisors. The AAAA will, therefore, begin to develop a greater presence within this organization over the coming year in order to continue recruiting high quality students who are interested in becoming an Anesthesiologist Assistant.

Legislative Funds Report

Barry Hunt AA-C

Treasurer

Chairman, Finance Committee

Due to all the generous contributions from AAAA members, the Legislative Fund accumulated a balance of \$40,261.11 (contributions for 2008 were \$16,826). As of July 31, 2008, the Legislative Fund has had expenses of \$12,763.77. The expenses incurred so far have been associated with the legislative effort to allow AAs to practice in Oklahoma. The Legislative Fund is the sole financial source for local, state and national legislative

issues involving the AA profession. The political and judicial process to pursue and achieve licensure in a new state is a continuous process.

The AAAA members have generously been giving to this fund, and we all must continue to do so to secure the future of our profession. The interest in AAs across the nation is increasing every month, and the expense to the AAAA will continue to escalate. The Legislative Fund allows the AAAA to address and be proactive in our response to any problems in a timely and efficient manner. As membership renewals arrive later in the fall, please remember to contribute to this fund for the continued expansion of the AA profession.

Educational News

A Number of Noteworthy Events for the Emory AA Program in 2008

Stephanie Dixon

Program Director

Numbers were significant for the Anesthesiologist Assistant Program at Emory University in 2008. The Emory AA program admitted a promising number of students, graduated the largest number of seniors in the program's history, and had a record number of students participate in the 2008 AAAA Annual Conference.

Emory's AA program bid 'adieu' to 37 graduates during its 38th annual Commencement Exercises in August. The size of the class and the number of friends and family expected to attend necessitated a move to a new graduation venue, the Glenn Memorial Auditorium. This year's graduating class included the first five students to complete the program's accelerated track for certified Physician Assistants. Although several graduates will practice in the Atlanta area, many others will start their careers in regions of Georgia, Missouri, and Alabama. The program was honored to have Dr. Howard Odom deliver the commencement address. Dr. Odom is the current president of the Georgia Society of Anesthesiologists (GSA), delegate to the American Society of Anesthesiologists, and chair of the GSA Anesthesia Care Team Committee. During his commencement address, Dr. Odom implored the graduates to give back to the profession. We believe that Dr. Odom is a superb example of one who gives back wholeheartedly to his profession.

Rising to fill the shoes of those graduates are 44 students transitioning out of first-year coursework into their full-time clinical experience as seniors. The class of 2009 has been tremendously cohesive, proactive, and eager to learn in class and clinicals.

Right on the heels of graduation, Emory welcomed 41 matriculants into the program. These 'newbies' come from seven different states, range in age from 21 to 57, and have an average GPA of 3.43. The class has a rich and diverse background; some worked in retail, education or computer technology, practiced law or held OR staff positions before entering the program. After orientation week, the new students will undergo a month of intensive clinical preparation coursework and simulator labs before proceeding into classes and clinical time.



Several of Emory's senior students pause for a photo opportunity with Professor Don Biggs.

Emory's AA program will include three new faculty members on its roster this year: Sherief Eissa, Ruth Sacco, and Michael Merren. The program also said a fond farewell to a well-respected colleague, David Buzzetti, who contributed a great deal to the pharmacology and anesthesia practice curriculum, the human simulator lab, and countless other initiatives.

A record number of students—59 in all—participated in the 32nd annual AAAA conference in Hilton Head this year, along with several faculty and staff members, and many are already looking forward to next year's conference in Florida.



Senior class president Richard Nguyen relaxes during the 2008 AAAA conference in Hilton Head.

Another Option for Anesthetists

Ken Maloney, AA-C
NCCAA Commissioner

Beginning next year the NCCAA, in conjunction with the NBME, plans to alter the schedule of Certification and CDQ exam administration. In an effort to allow all candidates better options for taking the exam and receiving exam results, the NCCAA has adopted two exam dates each year.

One exam will be administered in late January, with the results expected to be reported within 90 days. These results will be released to student candidates upon their successful graduation from an accredited program.

This should allow students from educational programs finishing before the second exam date to have test results at graduation and facilitate licensing for work purposes. Practitioners attempting to maintain certification may also opt for the January exam date.

The second exam will be administered in late June with essentially no change in reporting of results for either student candidates or practitioners. Each practitioner will still have three opportunities to achieve a passing score.

These changes will hopefully improve the flow of student candidates into the workforce, and allow those trying to maintain their certification more opportunities to do so.

The Right Fit

Gudrun Henry
South University, AA-S, Student Committee Chair

Savannah has been my home for four years, and I adore this city. The beautiful Landmark Historic District takes my breath away every time I pass through. I love being able to be at the beach within 15 minutes or ride in a boat with my friends with dolphins following us the whole way. Nine months out of the year, the weather is incredible. However, as I stand outside my home with sweat dripping from my forehead, I'm curious what the temperature is in Atlanta, Cleveland, Fort Lauderdale and Kansas City right now. Here, it is 95 degrees with a heat index of 112 degrees. I wonder how people ever survived before air-conditioning came around.

When my husband and I moved here four years ago, I had no idea what an AA was. It wasn't until I was working as a tech in the OR that I realized that some of the people sitting at the patient's head were not physicians. As I spoke with many of them and learned about what it was they did, I became fascinated. How could I have not known about this career path? This is certainly the best kept secret in medicine. It didn't take long for me to realize that this was the fit for which I had been searching. I applied to South University's program, and to my delight, I was accepted.

It is hard to believe that a whole year has passed since I began the program. My class was glad when the new class began in June. That meant that we are that much closer to accomplishing our goal of completion. We have learned a ton in just a year, and we still have a lot to learn.

We have amazing professors that take great care in making sure that we have the knowledge needed to make good decisions. We have so much respect for our clinical preceptors for what they do, and even more so because they are willing to give us the tools that we need to provide the best patient care possible. We realize that with this career, there is great responsibility and we don't take that lightly. Thank you for all of your encouragement and support.



Flexibility, Stability, Opportunity YOUR CAREER PATH BEGINS WITH GHA

Greater Houston Anesthesiology, P.A., (GHA) is one of the largest anesthesia groups in the country. As a private practice, GHA provides leading perioperative and anesthesiology services for the foremost medical facilities in, and surrounding, Houston, Texas.

GHA was the first practice to bring AAs to Texas, and now we are actively seeking anesthesiologist assistants to join our team!

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Opportunities

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Michigan

Lakeland Healthcare, Saint Joseph (a Lake Michigan Resort Community)
Contact: Lorraine Kelly lkelly@lakelandregional.org 800.726.8939

Missouri

St. John's Mercy Medical Center, St. Louis
Contact: Nancy Chik 636-386-9224 ext 120 nchik@waai.net

Adventures from Afar (Canada, Here I Come!)

Kevin M. Hall, AA-S, PA-C

Vice-President, Student Executive Committee
Anesthesiology Assistant Program, Nova Southeastern University
Staff Anesthetist
Department of Anesthesiology, Virginia Mason Medical Center

As I sit here thinking about my entire 27 months, nothing I could have imagined would prepare me for this. It's 6 o'clock in the morning, and I am setting up my morning case, which is an aortotomy, aortic root and mitral valve repair on a patient with a history of Marfan's disease. Patients usually arrive in town two to three days earlier in preparation for this morning's case.

I meet my patient, a very nice gentleman from the Greater Toronto Area (GTA), review the patient history, start the intravenous line (14 gauge is routinely used at the Toronto General Hospital) and cannulate the radial artery. Seems routine enough, only I cannot believe I am training in Canada, let alone at the University of Toronto, providing anesthetic care for Dr. Tirone David, an internationally-renowned cardiac surgeon. Today I will be the first AA student to train in Canada from the United States.

Dr. Claire Middleton, my attending, gives me priority for induction and intubation, which is successful. I also am responsible for teaching the 3rd and 4th year medical students about the anesthesia machine, induction, intubation and case management. This is great. Fellows, residents and medical students are curious about my anesthetic role within the anesthesia care team. As an ambassador for the AA profession, both in the US and Canada, I gladly explain what the role is in the US and how it will help to decrease the strain of patient access to care and help with decreasing physician burnout. We are not a threat...I reassure them.

By day three, Jason, one of the cardiac fellows wants me to do, not assist, all the lines and intubations and some cardiac case management as well. Believe it or not, healthcare within the confines of the University Health Network, which consists of Toronto General and Western Hospitals, and Princess Margaret Hospital, is very competent, and cost-effective. Because there is no privatization of healthcare, there is no incentive to go way above and beyond, which leads me to the Anesthesiologist Assistant (AA) profession in Canada.

Officially, the Canadian Society of Anesthesiologists (CSA) recognized the AA profession in June 2006. Guidelines were recommended and the Ministry of Health (MOH) in Ontario, allotted funding at the Michener Institute. The Michener Institute is a secondary education program that trains many different types of allied health providers, mainly through hospital or MOH funding. The AA profession in Canada is in the infancy stages for sure, but only registered respiratory therapists (RRT) or registered nurses with at least three to five years' intensive care experience are allowed to apply for the AA program. Currently, the AA is under the umbrella of the RRT profession and licensing guidelines.

Just like the United States, Canada has had a severe shortage of anesthesiologists (they call them anesthetists in Canada) for several years. Many rural hospitals have utilized RRT's to assist in mask/valve ventilations, intubations and simple operating room maintenance of anesthesia cases for anything as simple as a bathroom break. This has been going on for at least eight to ten years prior to the formal recognition of the AA profession by the CSA.



Left to right are: Hyun Kiel, Harminder Chera, Phoebe Lam, Kevin Hall, Hayder Raza, Patrick Nellis and Kevin Zhang.

Many AAs I have come in contact with provide a very valuable service within the department of anesthesiology within the University Health Network. They start all preoperative intravenous lines (IV) and radial arterial lines, along with assisting the staff in the OR, with induction, central line and pulmonary artery placement. RRTs also provide anesthetic care for the entire Kensington Eye Institute, which performs cataract surgery; they also staff balanced anesthetic care for orthopedic cases at the Toronto Western Hospital. This includes the maintenance and emergent phases of care, but does not include the spinal or epidural placement, which is done by the attending and fellow staff. Faculty gives quarterly continuing education lectures from various academic institutions throughout Canada and topics include anything from low flow anesthesia to routine problems associated with intraoperative hypotension. I must say although the profession is nothing like our profession, it is not just anesthesia technicians, clueless about what goes on in the world of anesthesia.

I am grateful to Drs. Claire Middleton and George O'Leary for staying persistent in allowing me the opportunity to train at the University of Toronto; to Professor Robert Wagner for sticking with and believing in me; to Patrick Nellis, RRT who is committed to seeing the success of the AA profession in Canada; to all of the RRT staff at the University Health Network system that extended themselves for a purpose greater than their own and to Claire Chandler for paving in roads before I got here to train. Thank you.

In closing, I would like to say congratulations to the entire 2008 AA graduate class. Wherever you are, I wish you much success in your future endeavors. To my classmates from Nova Southeastern University, I cannot believe this inaugural class is finally at the completion mark. There is not another group of people I would have rather had this experience with. Congrats.

TELL US ABOUT YOUR JOURNEY.

E-mail your story and a photo to Newsletter Co-Editor
Tiffany Lewis-Roberts at tiffany131@hotmail.com

Calendar of Events

Sept. 4 – 7 – Lost Pines, TX

Texas Society of Anesthesiologists Annual Meeting. For more information, go to www.tsa.org.

Sept. 4 – 7 – Boston, MA

Perioperative and Critical Care Echocardiography and Echo Boards Review. Sponsored by the Harvard Medical School Department of Continuing Education. Offering up to 34.25 AMA PRA Category 1 Credits. Visit the Harvard CME website at <http://cme.med.harvard.edu/>.

Sept. 8 – 11 – Nashville, TN

The American Academy of Pain Management. Register online at www.aapainmanage.org.

Sept. 13 – Seattle, WA

Washington State Society of Anesthesiologists Annual Fall Scientific Meeting. For more information, go online to www.wa-anesthesiology.org.

Sept. 13 – Chapel Hill, NC

1st Annual Pediatric Anesthesiology Conference. For more information call UNC CME at 919/962-2118 or go online to www.med.unc.edu/cme. Registration deadline is September 1st.

Sept. 19 – 21 – Charlotte, NC

North Carolina and South Carolina Societies of Anesthesiologists 2008 Annual Meeting. Visit www.ncsoa.com for more information.

Sept. 19 – 21 – Boston, MA

Society for Airway Management's (SAM) 12th Annual Meeting. For more information, go to www.samhq.com.

Sept. 26 – 28 – San Francisco, CA

The Changing Practice of Anesthesia sponsored by the Dept. of Anesthesia and Perioperative Care, University of California, San Francisco. Pre-course workshops on Sept. 25th: Anesthesia Simulator Workshop and Hands-On Difficult Airway Management Workshop. Visit <http://cpa.ucsf.edu> for conference information and registration.

Sept. 29 – Oct. 5 – Kansas City, MO

Society for Pain Practice Management meeting and comprehensive hands-on anatomical certificate course. Register online at www.sppm.org.

Oct. 2 – 4 – Laguna Beach, CA

Anesthesia Camp sponsored jointly by the Duke University School of Medicine and destinationCME. Visit www.destinationCME.com for more details.

Oct. 3 – 4 – Atlanta, GA

The USRA Skills Course – An intensive program of lectures and hands-on training in the principles, procedures and practices for ultrasound-guided regional anesthesia. Designated for a maximum of 12 AMA PRA Category 1 Credits by the Institute for Advanced Medical Education. Register online at www.iame.com.

Oct. 8 – 11 – St. Louis, MO

Health Professions Network Fall Conference. Agenda and registration will be posted in late summer at www.healthpronet.org.

Oct. 17 – Orlando, FL

Pre-ASA Symposium: 5th Annual Ultrasound for Every Anesthesiologist. Sponsored by the Duke University School of Medicine and approved for a maximum of 8.0 hrs. of AMA PRA Category I credits. Register online at <http://anesthesiology.duke.edu>.

Oct. 18 – 22 – Orlando, FL

ASA Annual Meeting. Free to all AAs who are ASA Educational Members. Visit www.asahq.org for more information.

Oct. 29 – Nov. 1 – Lana'i, HI

Anesthesia Camp sponsored jointly by the Duke University School of Medicine and destinationCME. Visit www.destinationCME.com for more details.

Nov. 2 – 5 – White Sulphur Springs, WV

Fourteenth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care. Sponsored by the Wake Forest University School of Medicine, which designates this educational activity for a maximum of 17 AMA PRA Category 1 Credits. Also offered is a 10 CME-hour ACLS course, limited to 40 participants. For more information, go online to www1.wfubmc.edu/anesthesiology.

Nov. 7 – 9 – Monterey, CA

19th Annual UC Davis Anesthesiology Update. Sponsored by UC Davis Health System Office of Continuing Medical Education and Department of Anesthesiology and Pain Management and offering a maximum of 17.75 hour of AMA PRA Category 1 Credits. For further information go to <http://cme.ucdavis.edu>.

Nov. 15 – 19 – Daytona Beach, FL

Survey of Current Issues in Surgical Anesthesia. Includes free airway and ultrasound workshops with registration. Go to www.ccfcm.com/SurgAnes08 for more details.

Dec. 12 – 16 – New York, NY

62nd Annual PostGraduate Assembly in Anesthesiology (PGA). Visit online at <https://nyssa-pga.net>.

2009

Jan. 28 – 31 – St. Thomas, USVI

Anesthesia Camp jointly sponsored by the Duke University School of Medicine and destinationCME. Visit www.destinationCME.com for more details.

April 18 – 22 – Clearwater, FL

AAAA 33rd Annual Conference at the Hilton Clearwater Beach Resort.

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